

## **Supportive Housing Providers Association**

### **Response to the Preliminary Recommendations of the Illinois Nursing Home Safety Task Force**

Janet Hasz, Executive Director  
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On behalf of the Supportive Housing Providers Association and our 118 member organizations across the state, I wish to thank the Illinois Nursing Home Safety Task Force and its Chairperson, Michael Gelder, for all of your hard and admirable work on the issue of nursing home safety. We have been consistently impressed with your even-handed, caring, and dedicated approach to this issue. The Supportive Housing Providers Association agrees with the direction of your preliminary recommendations and is ready to work with you to carry out the recommendation to increase supportive housing.

Having said all of that, we wish to acknowledge that you all are in an untenable position. You have been commissioned to make recommendations to solve the issue of nursing home safety when it is actually unsolvable unless you—we—solve the bigger, longstanding problem of warehousing large numbers of individuals with mental illness in nursing homes that have no physical reason for having the nursing home level of care. An Associated Press analysis completed in March of 2009 showed Illinois ranking the highest among all states in the number of mentally ill adults under age 65 living in nursing homes. This is our shame. On top of having this dubious distinction, 5,063 of these individuals are living in 26 nursing homes designated by the federal government as Institutions for Mental Diseases (IMDs) for which the state is paying more than \$160 million annually and getting no Medicaid reimbursement.

We cannot solve this badly festering sore with Band-Aids. To solve one of the symptoms of this problem, nursing home safety, we must solve the whole problem. The horrific incidents and conditions of which the Chicago Tribune and in the Chicago Reporter have written will not stop unless we solve the whole problem.

**To solve the whole problem we must move individuals with mental illness from nursing homes to appropriate community-based services and housing.** For 70% to 80% of this population a continuum of supportive housing options with a whole range of services can be the solution.

We do not need new programs to do this. We do not need to develop new ways to warehouse individuals with mental illness. We already know what works and are doing it. Nationally-recognized evidence-based practices are here.

What's more other states are doing this. We can do this, too. It is ridiculous to think that Illinois has individuals who are more mentally-ill than other states.

What we do need to accomplish this is adequate resources.

**We do have these resources. We actually have more than enough resources to do this. However, we are using these resources right now to warehouse individuals**

**with mental illness and manage their symptoms. We are using these resources to violate the U.S. Supreme Court Olmstead decision. We are also using these resources to defend ourselves against three lawsuits claiming we are violation of the Olmstead Supreme Court decision.**

**We must transfer resources from the IMDs to community-based solutions. We must find the mechanism and the political will to do this.**

- We need to do this in a thoughtfully planned and organized way, but we must do it.
- We need to do this with a multi-year plan for moving individuals to the community from IMDs first and then from regular nursing homes. We need to do it in one piece— not piecemeal.
- We can start by moving 500 individuals from IMDs to the community in the first year.
- We can use what we have already learned from the Division of Mental Health Money Follows the Person demonstration program and the DMH Permanent Supportive Housing Bridge Subsidy program. Then we can learn everything we can from this first year.
- We can use what we learn from this first year and institute the rest of the plan. Move 900 people a year for four years. Move at least 3,500 to 4,000 individuals to the community. Then pause to reassess where we are.
- We can find ways to not be rigid in our assessment of individuals and to allow flexibility in the mix of services offered to each individual and more ease in the way in which these services are billed.

We can start all of this off by:

- Keeping the funding for existing supportive housing whole. We cannot move backward by cutting services and forcing individuals now living in supportive housing to move into nursing homes!
- Funding services in the 769 new units of supportive housing ready to open in FY 2011, with over \$21 million worth of capital and rental subsidy funding already committed, mostly from federal sources.
- Funding the services for the 446 new units scheduled to open in FY 2012.

**The Supportive Housing Providers Association asks the Nursing Home Task Force to be bold. Make these recommendations your recommendations. Seize this historic opportunity. Make recommendations that can actually solve this problem, alleviate much suffering, and rid us of our collective shame for perpetuating this situation.**

We will have more details to offer you in several days as we finalize our plan for accomplishing this transfer of individuals to the community.